

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

RECEIVED
Date Stamp
COVER PAGE
CALIFORNIA FORM 460

Statement covers period from <u>07/01/2016</u>	Date of election if applicable: (Month, Day, Year) <u>215 OCT 6 PM 1</u>
through <u>09/24/2016</u>	<u>11/08/2016</u>

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3 and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)
- Primarily Formed Ballot Measure
Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Amendment (Explain below)

add business names to self-employed individuals

3. Committee Information

I.D. NUMBER

1342232

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Paterno For Mayor 2016

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE
2624 Airport Drive	CA	93455	(805) 934-5737
SANTA MARIA	STATE	ZIP CODE	AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	CA	93455	(805) 934-5737

STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE
2151 S. College Dr., Ste. 101	CA	93455	AREA CODE/PHONE
SANTA MARIA	STATE	ZIP CODE	AREA CODE/PHONE
MAILING ADDRESS	CA	93455	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

tommartinezassoc.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/4/2016 Date
By Tom Martinez Signature of Controlling Officerholder, Candidate, State Measure Proponent or Assistant Treasurer

Executed on 10/4/2016 Date
By Tom Martinez Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 10/4/2016 Date
By Tom Martinez Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE		
Alice Patino OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Mayor RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2624 Air-Park Drive	Santa Maria	CA	93455

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
			COMMITTEE ADDRESS							
			CITY							
			COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD			<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
			NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD				
			COMMITTEE ADDRESS							
			CITY							

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2016

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 19,594.00	19,594.00
2. Loans Received	Schedule B, Line 3 \$ 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 19,594.00	19,594.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 19,594.00	19,594.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 6,562.95	\$ 6,752.60
7. Loans Made	Schedule H, Line 3 \$ 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 6,562.95	6,752.60
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 6,562.95	6,752.60

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 657.91	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ 19,594.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0.00	
15. Cash Payments	Column A, Line 8 above \$ 6,562.95	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 13,683.96	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00	
18. Cash Equivalents	See instructions on reverse \$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00	

CALIFORNIA FORM 460	
Statement covers period	from <u>07/01/2016</u>
through <u>09/24/2016</u>	Page <u>3</u> of <u>18</u>
NAME OF FILER	I.D. NUMBER <u>1342332</u>

SUMMARY PAGE

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1. Monetary Contributions	7/1 through 6/30
2. Loans Received	
3. SUBTOTAL CASH CONTRIBUTIONS	
4. Nonmonetary Contributions	
5. TOTAL CONTRIBUTIONS RECEIVED	
20. Contributions Received \$ _____	\$ _____
21. Expenditures Made \$ _____	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Patino for Mayor 2016

SCHEDULE A

CALIFORNIA FORM 460

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/05/2016	Tom Martinez 1641. Coral Dr. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Tom Martinez & Associates	250.00	250.00	G2016 \$250.00
08/10/2016	Robert Dickerson 104 Palm Ct. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Applied Imaginations, Inc	1,000.00	1,000.00	G2016 \$1,000.00
08/10/2016	Lissa Murray 2418 Longdrive Lane Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Allan Hancock College	100.00	100.00	G2016 \$100.00
08/23/2016	Henri Ardantz 2222 Arrowhead dr Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agribusiness Bonipak	500.00	500.00	G2016 \$500.00
08/23/2016	Peggy Blough 2637 Lorencita Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Development Dan Blough Construction, Inc.	500.00	500.00	G2016 \$500.00
SUBTOTAL \$						2,350.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 19,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 594.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 19,594.00**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
**CALIFORNIA
 FORM
 460**

Statement covers period
 from 07/01/2016
 through 09/24/2016

Page 5 of 18
 NAME OF FILER
 Patino for Mayor 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
NAME OF FILER		I.D. NUMBER				
				1342332		
08/23/2016	Tony Cossa 401 Machado Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker Tolman & Wiker	100.00	100.00	G2016 \$100.00
08/23/2016	Marcia Ibsen 1571 E Main St. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2016 \$100.00
08/23/2016	Ronald Johnson 805 Beth Ct Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired US Navy N/A	100.00	100.00	G2016 \$100.00
08/23/2016	Margaret Paden 4431 Foxenwood Ln. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2016 \$100.00
08/23/2016	William Reed Jr 305 Walden Ct. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Reed & Co.	250.00	250.00	G2016 \$250.00
					Subtotal \$	650.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period from <u>07/01/2016</u>		Statement covers period through <u>09/24/2016</u>		Page <u>6</u> of <u>18</u>	
NAME OF FILER				I.D. NUMBER <u>1342332</u>	
Patino for Mayor 2016	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
08/23/2016	Helmut Stolch 405 Marian Dr. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00
08/24/2016	Chuck Hebard 2870 Halcyon Rd. Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Dealer Home Motors	1,500.00	1,500.00
08/24/2016	Pro Band Sports Industries, inc. 1483 East Valley Road Ste 18 Santa Barbara, CA 93108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00
08/29/2016	Samuel Burg 1430 E. Main Street, Ste 203 Santa Maria, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Santa Maria General Dentistry	100.00	100.00
08/29/2016	Mike Draper 1763 W Main Street Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Santa Maria Crop Service	1,000.00	1,000.00
SUBTOTAL \$ <u>3,200.00</u>					

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 (other than PTY or SCC)
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 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period
 from 07/01/2016
 through 09/24/2016

NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	I.D. NUMBER	PER ELECTION TO DATE (IF REQUIRED)
Patino for Mayor 2016							1342332	
08/29/2016	Compton Lyana 850 Riata Ln Nipomo, CA 93444		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Supervisor San Luis Obispo County	150.00	150.00	G2016	\$150.00
08/29/2016	Pacifica Commercial Central Coast, Inc. 2520 Professional Parkway Santa Maria, CA 93455		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2016	\$500.00
08/29/2016	Jeff Sharer 839 Foxen Canyon Rd. Santa Maria, CA 93454		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Sharer Harvest Company	100.00	100.00	G2016	\$100.00
08/29/2016	Vernon Edwards Construction, Inc. 2045-A Preister Lane Santa Maria, CA 93456		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2016	\$500.00
08/29/2016	Steven Will 2849 Lorencita Dr. Santa Maria, CA 93455		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	500.00	500.00	G2016	\$500.00
SUBTOTAL \$								1,750.00

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
 FORM

NAME OF FILER		Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u>	CALIFORNIA 460		Page <u>8</u> of <u>18</u>
			I.D. NUMBER 1342332	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Patino for Mayor 2016	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	
08/30/2016	Judith Bartel 2991 Country Club Ln Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00 G2016 \$200.00
08/30/2016	James Bray 1031 Terrazzo way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PR/GR Consultant Pacific Coast Energy Co.	100.00	100.00 G2016 \$100.00
08/30/2016	Georganne Ferini 1029 Ocean Blvd. Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife N/A	1,000.00	1,000.00 G2016 \$1,000.00
08/30/2016	Burt Fugate 2625 S. Miller Ste 107 Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Charter Brokerage & Investment Co.	500.00	500.00 G2016 \$500.00
08/30/2016	Lawnae Hunter 421 E Betteravia Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management Plus Property Management	250.00	250.00 G2016 \$250.00
				SUBTOTAL \$	2,050.00

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

460

**CALIFORNIA
 FORM**

Statement covers period		CALIFORNIA FORM		I.D. NUMBER	PER ELECTION TO DATE (IF REQUIRED)
from	through	Page	of		
07/01/2016	09/24/2016	9	18	1342332	
NAME OF FILER					
Patino for Mayor 2016					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>
08/30/2016	Larry Lavagnino 212 E Morrison Ave. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00 G2016 \$100.00
08/30/2016	Toddon McGill 190 Lakeview Rd. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	200.00	200.00 G2016 \$200.00
08/30/2016	Plantel Nurseries, Inc. 2890 Telephone Rd. Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00 G2016 \$500.00
09/02/2016	Eric Gamble 2606 Ocotillo Ave. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AG Business Agro-Jai Farms	250.00	250.00 G2016 \$250.00
09/02/2016	Morrison Media Services 4405 Kapalua Drive PO Box 5186 Santa Maria, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00 G2016 \$100.00
		SUBTOTAL \$		1,150.00	

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 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
 FORM

Statement covers period from <u>07/01/2016</u>	through <u>09/24/2016</u>	Page <u>10</u> of <u>18</u>
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NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS\$)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Patino for Mayor 2016		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2016 \$100.00
09/02/2016 Patti Rodriguez 3126 Bunfill Drive Santa Maria, CA 93455		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2016 \$500.00
09/06/2016 Babe Farms 1205 W. Craig Dr. Santa Maria, CA 93458		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
09/06/2016 Michael Biely 7325 Graciosa Rd Santa Maria, CA 93455		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Contractor Ramco Development Inc	100.00	100.00	G2016 \$100.00
09/06/2016 Dottie Lyons 914 Fairway Vista Drive Santa Maria, CA 93455		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management Dottie Lyons	250.00	250.00	G2016 \$250.00
09/06/2016 Santa Ynez Band of Mission Indians 100 Via Juana Lane P.O. Box 517 Santa Ynez, CA 93460		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	G2016 \$3,000.00
						SUBTOTAL \$
						3,950.00

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
**CALIFORNIA
 FORM
 460**

Statement covers period
 from 07/01/2016
 through 09/24/2016

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NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	I.D. NUMBER	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
Patino for Mayor 2016						1342232	
09/12/2016	Hampton Farming Company 2529 Professional Parkway Ste B Santa Maria, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G2016	\$250.00
09/12/2016	Doris Lahr 353 Machado Ave. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2016	\$100.00
09/12/2016	Marian Maririnan 3116 Bunfill Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	G2016	\$100.00
09/12/2016	Bob Orach 1718 E. Billbao Dr. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council Member City of Santa Maria	100.00	100.00	G2016	\$100.00
09/12/2016	Franziska Shepard 401 S. Palisade Dr. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Shepard Eye Center	500.00	500.00	G2016	\$500.00
SUBTOTAL \$							1,050.00

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

07/01/2016 from

through 09/24/2016 Page 12 of 18

NAME OF FILER Patino for Mayor 2016
I.D. NUMBER 1342332

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF FIRM OR BUSINESS)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	PER ELECTION TO DATE (IF REQUIRED)
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09/12/2016 Toyota of Santa Maria
700 E. Betteravia PO Box 1217
Santa Maria, CA 93456
500.00
500.00
500.00
500.00
\$500.00
G2016

UIN PTY SCC

09/12/2016 Bileen Trujillo
2436 Ridgemark Dr.
Santa Maria, CA 93455
100.00
G2010
100.00
N/A
Homemaker
X IND
□ COM
□ OTH

09/15/2016 James Diani IND Construction 250.00 G2016 \$250.00
 PLY SCC

1320 Foxenwood Drive
Santa Maria, CA 93455

09/15/2016 Honda of Santa Maria 2175 South Bradlev Road P.O. Box 1239 SCC IND CASH 500.00 500.00 G2016 \$500.00

Santa Maria, CA 93456 COM OTH PTY SOC

09/15/2016 Milt Guggia Enterprises, Inc.
719 S. McClelland St. PO Box 5459
Santa Maria CA 9344
500.00 500.00 G2016 \$500.00

60H PTY SCC

Subtotal \$	1,850.00
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*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016

NAME OF FILER	through	09/24/2016	Page	13	of	18
	I.D. NUMBER					1342332

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee, also enter ID, number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)	PER ELECTION TO DATE (If required)
09/15/2016	Gilbert Palacios 2353 S. Broadway Suite A. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Palacios Architects	500.00	500.00	G2016 \$500.00
09/15/2016	Tri W Enterprises, Inc. 2236 S. Broadway PO Box 6149 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2016 \$500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

SUBTOTAL \$

1,000.00

FPPC Form 460 (Jan2016)
FPPC Advice: advice@fppc.ca.gov (8666275-3772)
www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SFF INSTRUCTIONS ON REVERSE NAME OF FILER

Patino For Mayor 2016

CALIFORNIA FORM 460	
Statement covers period from <u>07/01/2016</u>	through <u>09/24/2016</u>
Page <u>14</u> of <u>18</u>	
I.D. NUMBFR <u>1342332</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER I.D. NUMBER)	AMOUNT PAID			
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO		accounting service	19.00
City of Santa Maria 110 E. Cook St. Santa Maria, CA 93454	FIL			1,000.00
Kathy Ulman 931 Via Fedora Santa Maria, CA 93455	WEB			17.98

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	1,036.98
	\$ 6,562.95	6,562.95
	\$ 0.00	0.00
	\$ 0.00	0.00
	\$ 6,562.95	6,562.95
TOTAL	\$	\$ 6,562.95

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100.
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

**CALIFORNIA
FORM
460**

Statement covers period	from <u>07/01/2016</u>
	through <u>09/24/2016</u>
	Page <u>15</u> of <u>18</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Patino for Mayor 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VTC Enterprises 2445 'A' St. Santa Maria, CA 93456	LIT			556.39
California Latino Voters Guide 930 Colorado Blvd Bldg 2 Los Angeles, CA 90041	LIT			800.00
Martinez & Associates 2624 Airpark Drive Santa Maria, CA 93455	LIT		reimburse for slate mailer	929.00
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO		accounting service	580.45
Point of Action PO Box 220 Santa Maria, CA 93456	CMP			1,090.13
				SUBTOTAL \$ 3,955.97

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
(Continuation Sheet)**
Payments Made

Amounts may be rounded to whole dollars.

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

**CALIFORNIA FORM
460**

Statement covers period
from 07/01/2016

through 09/24/2016

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

Patino For Mayor 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LT	campaign literature and mailings

MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE ALSO ENTER I.D. NUMBER)

Kathy Ulman
931 Via Fedora
Santa Maria, CA 93455

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kathy Ulman 931 Via Fedora Santa Maria, CA 93455	WEB		300.00

Morrison Media Services
4405 Kapalua Drive PO Box 5186
Santa Maria, CA 93455

Morrison Media Services 4405 Kapalua Drive PO Box 5186 Santa Maria, CA 93455	RAD		1,270.00
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

1,570.00

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

Statement covers period from <u>07/01/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF ELLIFER

Data for Major 2016

**NAME OF AGENT OR INDEPENDENT
Patent for May 2018**

Martinez & Associates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
FET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other Schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as recorded on Schedule E.

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
FPPC Form 460 (Jan/2016)
www.fppc.ca.gov

